	BOARD OF HEALTH State File No. 160
	IFICATE OF BIRTH Registered No.
Ly. O.	and are
ty	State
it or Township Iloue	or Village
Office No. 708 4 ALL St. Ward	
iame of child Doroth, Grace, Atherton (If birth occurred in a hospital or institution, give its NAME instead of street and number) [If child is not yet named, make supplemental report, as directed.]	
Child To be answered ONLY 4. Twin, triplet or other. 6. Legitimate? 7. Date 7. Date 16. 16. 16.	
in event of plural births. 5. No., in order of birth	of birth
me Harry H. alherton	14. MOTHER Crace Morcum
dence (Usual place of abode) 708 m / field	15 Residence (Usual place of abode) 708 n Hel St
non-resident, give place and state.	If non-resident, give place and state.
Color or race	16 Color or race
white 11. Age at last birthday 26 (Years)	white 17. Age at last birthday 23 (Years)
Birthplace (city or place) Hamilton County	18. Birthplace (city or place) Llube, area (State or country)
(State or country)	
Occupation Elcebricon	19. Occupation
Vature of industry	Nature of Industry Housewell
Number of children of this mother	
tken as of time of birth of child herein tiffed and including this child.) (b) Born alive in tiffed and including this child.)	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
ereby certify that I attended the birth of this child, who was. Norm active at 95 m. on the date above stated	
+ Wilson share was negetanding physician) Wolanews Lewis	
midwife, then the father, householder, c., should make this return. A stillborn	Stoke avis
tild is one that neither breathes nor tows other evidence of life after birth.	(Physician or midwife).
,	(Physician of midwins).
ren name added from supplemental report	
Month, day, year	
Registrar	Registrar

1000 Danie 0

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